| BEST AVAILARLE COPY                                                                                             |                                                |                                                         |                              |                                              |                                            |                  |          |                   |                        |    |                |                        |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|------------------------------|----------------------------------------------|--------------------------------------------|------------------|----------|-------------------|------------------------|----|----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number  3 4 9 0 8 |                                                |                                                         |                              |                                              |                                            |                  |          |                   |                        |    |                |                        |
|                                                                                                                 |                                                | CLAIMS AS                                               |                              | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                                            |                  |          |                   |                        |    |                |                        |
| TOTAL CLAIMS                                                                                                    |                                                |                                                         | 7                            |                                              |                                            |                  |          | RATE FEE          |                        |    | RATE           | FEE                    |
| FOR                                                                                                             |                                                |                                                         | NUMBER FILED                 |                                              | NUMBER EXTRA                               |                  | BA       | SIC FEE           | 370.00                 | OR | BASIC FEE      | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                         |                                                |                                                         | 7 minus 20=                  |                                              | . 6                                        |                  |          | X\$ 9=            |                        | OR | X\$18=         |                        |
| INDEPENDENT CLAIMS                                                                                              |                                                |                                                         | minus 3 =                    |                                              | 9                                          |                  | [        | (42=              |                        | OR | X84=           | 1                      |
| MU                                                                                                              | TIPLE DEPEN                                    | DENT CLAIM P                                            | RESENT                       | SENT                                         |                                            |                  |          | 140=              |                        | OR | +280=          | _                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                        |                                                |                                                         |                              |                                              |                                            |                  |          | OTAL              |                        | OR | TOTAL          | 740                    |
| CLAIMS AS AMENDED - PART II  (Cotumn 1) (Cotumn 2) (Cotumn 3) SI                                                |                                                |                                                         |                              |                                              |                                            |                  |          |                   | ENTITY                 | OR | OTHER<br>SMALL |                        |
| AMENDMENT A                                                                                                     | X 3                                            | CLAMS<br>REMAINING<br>AFTER<br>AMENDMENT                | HIGH<br>NUM<br>PREVK<br>PAID |                                              | EST<br>BER<br>OUSLY                        | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                 | Total                                          | • 11                                                    | Minus                        | <b>-</b> ∂                                   | O.                                         | $\bigoplus$      | 3        | <b>(\$ 9=</b>     | 7                      | OR | X\$18=         |                        |
|                                                                                                                 | Independent                                    | <b>.</b>                                                | Minus                        | ***                                          | <u>ී</u>                                   |                  | -[]      | K42=              | 1/                     | OR | X84=           |                        |
|                                                                                                                 | FIRST PRESE                                    | NTATION OF M                                            | ULTIPLE DEP                  | EPENDENT CLAIM                               |                                            |                  | 1.       | 140=              | V .                    | OR | +280=          |                        |
| Δ.                                                                                                              | 0                                              |                                                         |                              |                                              |                                            |                  |          | TOTAL<br>DIT. FEE |                        | OR | ADDIT, FEE     |                        |
| 4-                                                                                                              | 2906                                           | (Column 1)                                              | (Column 3)                   |                                              |                                            |                  |          |                   |                        |    |                |                        |
| AMENDMENT B                                                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT               |                              | PREVI                                        | HEST<br>IBER<br>OUSLY<br>FOR               | PRESENT<br>EXTRA | •        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FEE |
| Ž                                                                                                               | Total                                          | • /3                                                    | Minus                        | <b></b> /                                    | 1                                          | • Q              | <b>[</b> | <b>(\$ 9=</b>     |                        | OR | X\$18=         |                        |
|                                                                                                                 | Independent                                    | • 4                                                     | Minus                        | *** 6                                        | ₹.                                         | • /              |          | X42=              |                        | OR | 362            | 200,-                  |
| Ľ                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                         |                              |                                              |                                            |                  |          | ·140=             |                        | OR | +260=          |                        |
|                                                                                                                 |                                                |                                                         |                              |                                              |                                            | ·                | L        | YOTAL             |                        | OR | YOYAL          |                        |
|                                                                                                                 |                                                | ADI                                                     | DIT. FEE                     | <b></b>                                      |                                            | ADDIT. FEE       |          |                   |                        |    |                |                        |
| IDMENT C                                                                                                        |                                                | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIG<br>NUA<br>PREVI                          | IMIN 2)<br>REST<br>MBER<br>HOUSLY<br>O FOR | PRESENT EXTRA    | Γ        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FEE |
| 3                                                                                                               | Total                                          | *                                                       | Minus                        | -                                            | . •                                        | 8                |          | C\$ 8=            |                        | OR | X\$18=         |                        |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

FORM PTO-678 (Rate 801)

OR

OR

X42=

+140=

X84=

+280=